

NAME

Department of Social & Health Services SELF-EMPLOYMENT WORKSHEET							
MAA Medical Assistance Administration Month of:				CLIENTI	CLIENTID		
/erification must be provided for all income and expenses listed below.							
1. BUSINESS NAME				TYPE OF	DUCINECO		
I. BUSINESS NAME		TYPE OF BUSINESS					
2. BUSINESS STREET ADDRESS			CITY	STATE	ZI	P CODE	
DRGANIZATIONAL STATUS Partne	ership 🗌 Incorpo	orate	ed 📙 Sole Pro	prietorship			
Partnership or Incorporated member's	s names and relations	hin [.]					
If incorporated, monthly amount paid	to you by corporation:						
CHECK A	AND COMPLETE IF S	TAT	TEMENT APPLIES T	O YOU			
	LAST DAY WORKED		DATE OF LAST PAY	AMOUNT			
☐ I am no longer self-employed							
GROSS BUSINESS INCOME		ВІ	JSINESS LOCATION	I/EXPENSES	 }		
(IN MONTH OF REPORT)							
 EMPLOYEES (<u>Not including</u> yourself,	Chonco or Mon.	1.	Is business in your h	iome?	☐ Yes	□ No	
children)	spouse, or your	2.	If YES, is the room/a	rea used			
Wages & Commissions (paid in		for	business purposes o		☐ Yes	□ No	
month of report)			3. If Yes:				
Franks and the second Constitution			tal square footage of	-			
Employer share of Social Security taxes (paid in month of report)			_l uare footage used fo Rent (For Business <i>F</i>				
taxes (paid iii filoniii oi report)		home business only)					
BUSINESS EXPENSES (paid only i	in month of report)		Mortgage				
BOSINESS EXPENSES (paid <u>only</u> i	in month of report)						
Printing			6. Utilities (including telephone,				
-		ele	electricity, water, etc.)				
Postage/Shipping		BUSINESS/TRANSPORTATION COST					
Supplies/Materials		1.	ls your vehicle used	for Ves No			
Supplies/iviaterials			siness use only?	☐ Yes	□ No		
Advertising/Accounting		2. Total miles driven for month of					
			port: Total miles driven <u>on</u>	the job for			
Insurance (business related only)			onth of report:	trie job ioi			
Business Licenses, trade dues, etc.			Vehicle repairs for ve	hicle used			
Buomoso Liberioco, trade daco, etc.			for business (paid in month of				
Business Loan (Interest paid only)			port):	- f f- u			
Business tax (sales, U.I., L&I, B&O,			Registration & licens hicle used for busine				
etc.			onth of report):	33 (paid iii			
Other (list and describe)			Interest only from p	ayments			
		on	vehicles used for bu	siness			
			aid in month of report				
		I	Check and completed want to deduct \$0				
		┫╙	mile for gas, oil and				
			.				
		1	expenses for gas, o	oil and			
			fluide				

DSHS 07-078 (REV. 10/2005) - TRANSLATED